



SIGN REMOVAL VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____

WILLING TO SUBMIT TO BACKGROUND CHECK: Y: _____ N: _____

AMOUNT OF TIME WILLING TO COMMIT : _____

SAFETY VEST SIZE: _____

VEHICLE MAKE, MODEL, TAG NUMBER, EXPIRATION: _____

VEHICLE MAKE, MODEL, TAG NUMBER, EXPIRATION: _____

VEHICLE MAKE, MODEL, TAG NUMBER, EXPIRATION: _____

I understand that this is an application to be a volunteer to remove signs from public property, and is not acceptance into the program nor authorization to remove signs. Further, I agree to not remove any signs until I have been accepted into the program, and authorized to remove signs from public property.

SIGNATURE _____ DATE _____

Options for returning the completed form:

e-mail: jcjohnson@wichita.gov

fax: 858-7907

mail: Atwater NCH, 2755 E. 19th St. N., Wichita, KS 67214

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